

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

The time In	mit for corre	ction of each violation is specified in	the narrative portion of thi	s report.			
Establishment Name				Telephone Number Date of In			PERMIT#
Sav-A- Step #58				\$12 123 7058			19-261
Establishment Address (number and street, city, state, zip code)					1 1/27	120	11-201
9255 HWY 150 Grenville, IN 7124				812 145 3096	5.0	I n i	D (
Owner	2	Mik Pierce (502 6	us Carv.)	Purpose:	Follow-up	Releas	
Owner's A	ddress	/ Mire / 1400 / 300 0	13 3000	Routine		•	***
O HACK S/L				2. Follow-up	Summary of Violations:		
Person in C	harge			3. Complaint 4. Pre-Operational	C 1 NC 4 R 1		
Jeff Johnson				4. Fre-Operational 5. Temporary	C_T_RC_T_R_T		
Responsible Person's E-mail				6. HACCP	Menu Type (See back of page)		
				7. Other (list)		_	
Certified F	ood Managei	(1/9/24)		7. Other (list)	12_	3 <u>X</u>	_45
0011	John sin						
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATIO		FED FROM PREVIOUS INSPECTIONS	S ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" A	AND IN THE N		
Section#	C/NC	R	Narrative		-	To Be Co	rrected By
136		Observed employee med on propo table Corrected				hd	
245	pd C	Observed savifier rags outside of southern solution Corrected					hd.
297	NG	Observed eaffer Filter bulbs to be rushed and meding chared Cornected					hd
416	MC	Observed dead boys in BOH light shields / week					ek
430	MC	Observed shind will	·		/ w.	ek	
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Received by (name and title printed):				Inspected by (name and title printed):			
Jeffrey Johnson				A.J. Ingram (EHS)			
Received by (mana tre):				Inspected by (signature):			
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00:	10/	cc	<u> </u>		cc:		
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